



NOV. 24 2003

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## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

*(Use as many sheets as necessary)*

Sheet 1 of 1

**Complete if Known**

<b>Complete if Known</b>	
Application Number	
Filing Date	
First Named Inventor	VIRGINIA SHADE
Art Unit	
Examiner Name	
Attorney Docket Number	WFL186

Examiner Signature		Date Considered	
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